LTCS BEST PRACTICE CATALOG SUBMISSION COVER SHEET

TYPE OF SUBMISSION:

[X] **NEW**

[ ] **REVISED - Replaces** _____
                    Current submission catalog number

[ ] **UPDATE - To** _____
                Current submission catalog number

[ ] **CHANGE IN CONTACT INFORMATION**

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Date Submitted To Hospital/Division: _____

  Approved for submission to LTCS Best Practice Committee [ ]

Date Submitted To LTCS Best Practice Committee: _____

  Approved for submission to LTCS Best Practice Catalog [ ]

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: **HIGH MEDICAL RISK PATIENT - MONITORING**

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Assessment of Patients

Heading: Assessment of Patients - Initial and Continual

Contact Person: Fred Carrington, 805-468-2111 Fcarrington@dmhash.state.ca.us

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

[ ] Forms   [ ] Policies/Procedures   [ ] Photographs
[ ] Video Tape   [ ] Drawings/Pictures   [ ] Manual
[ ] Curriculum Material   [ ] Project Outcome Data
[X] **The Increased Risk Identification Form**
[X] **Computer File "Access Data Base"**
[X] **Sample Hard Copy Reports**

1. SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):

Patients in our psychiatric setting may also have 'medical' conditions that need an increased level of care. Unit staff, NOD, clinic staff, and prog. staff need to be aware of these patients and their 'medical' conditions. The CNS staff developed an identification form - the **'Increased Risk Patient Identification Form'** through the nursing QA&I improvement process. The form identifies patients with medical conditions that may need heightened scrutiny by care staff. Eg. patients with Diabetes, Active Seizure Disorder, Cardio/vascular problems, heavy medication regimens, respiratory conditions, communicable diseases etc.

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2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Before the database was developed patients with increased medical risk conditions were known only to their own treatment team. Aggregating that information hospitalwide or even program wide had to be done by hand and was very time consuming.

3. ANALYSIS   (Describe how the problem was analyzed.):

4. IMPLEMENTATION   (Describe your implementation of the solution.):

♦ Nursing staff on the treatment units fill out the identification form and route it to program HSS's
♦ HSS's Evaluate the forms for accuracy and assess to ensure that the patient meets the high risk definition
♦ HSSs Enters the data in an "Access" database at the treatment program level.

5. RESULTS   (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

Unit and Treatment Program can generate computer reports that list their own 'High Risk' patients.
CNS generates hospitalwide reports for clinic areas, NOD, and, CNS
The data is put into an 'Access' computer database and reports are printed out that include
    ♦ Patient Name
    ♦ ID Number
    ♦ Treatment Unit
    ♦ The Nature of the High Risk Medical Condition
    ♦ Important/Relevant Comments
NOD conducts spot audits for documentation on these patient records. The audit data is fed back to the area HSSs

6. LEARNING   (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

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